

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: A1822 Type of Application: Other Employment

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

State of Ca Military Dept - Youth Programs06319

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

10620 Mather BLVDVicky Johns

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

MatherCA95655(916) 361-4322

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias: Last First Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female Misc. No. BIL - 143434

Agency Billing Number

Height: Weight: Misc. Number:

Eye Color: Hair Color: Home Address:

Street No. Street or PO Box

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: CSMR

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ ☒ FBI

If resubmission, list Original ATI

Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed